



## **INITIAL APPRENTICE OCCUPATIONAL EDUCATION LICENSE**

Architecture & Construction,, Audio/Video Technology & Communication, Hospitality & Tourism, Information Technology, Law, Public Safety, Corrections & Security

1. A completed application found at:

<http://www.state.tn.us/education/lic/doc/ed2984.pdf>

2. Verification of employment experience in the endorsement area you are seeking. Non degree applicants must provide five years of full-time, successful work experience within the past eight years

- Must be documented by the applicant's employer(s) on company letterhead or documented and notarized on the Occupational Employment Verification Form found at:  
<http://www.state.tn.us/education/lic/doc/ed5334.pdf>
- Appropriate post-secondary training in the teaching area and associate degree or industry certification may be substituted for two years work experience
- A bachelor's degree or higher related to the endorsement area may be substituted for four years work experience

3. Submit official transcript(s) with degrees earned in your endorsed area (GED and High School transcripts must be official/original). Do not send transcripts separately from application packet.

4. Provide a notarized copy of Valid/Current Tennessee Cosmetology, and/or Barbering Instructor license issued by the State Board of Cosmetology or Barber Examiners.

# TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

<b>PRINT CLEARLY - Please use Black Ink to ensure scanned application is legible - provide full name - include any aliases</b>					
United States SSN - required		First Name	Middle Name	Last Name	Maiden Name/other last name aliases
Date of Birth-required	Gender	Street/P.O. Box		City	State Zip Code
Telephone Number - include area code		E-mail address - Must provide to receive notification of license issuance			Cell Phone Number/Alternate Phone Number

<b>INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY &amp; RACE</b>	
1. Ethnicity - Choose one	Hispanic or Latino _____ Not Hispanic or Latino _____
2. Race - Choose one or more	American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian - Other Pacific Islander _____ White _____

## PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED

**Personal Affirmation:** Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate block for each question. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license expire does not apply)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
4. Is there any action pending against your certificate/license or application in another state?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgment, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TRANSACTION (S) REQUESTED. (Check and complete following page(s) if applicable)

### CHOOSE TYPE OF INITIAL TENNESSEE LICENSE DESIRED

(THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NEVER HELD A TENNESSEE LICENSE OR DESIRING ADDITIONAL LICENSE TYPE)

- \_\_\_\_\_ INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) circle one
- \_\_\_\_\_ OUT OF STATE LICENSE (Program completers outside of TN / USA or applying based upon interstate agreement)
- \_\_\_\_\_ NON-PUBLIC SCHOOL LICENSE (Employment verification required)
- \_\_\_\_\_ TRANSITIONAL LICENSE (Requires signature from TN Director of Schools and verification from approved institution/agency)
- \_\_\_\_\_ INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education/Certification Officer at teacher preparation institution)
- \_\_\_\_\_ INTERIM "D" LICENSE (Internship) (Requires signature of Dean of Education at teacher preparation institution)
- \_\_\_\_\_ OCCUPATIONAL EDUCATION LICENSE (Apprentice Occupational)
- \_\_\_\_\_ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
- \_\_\_\_\_ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Director of Schools, nonrenewable)
- \_\_\_\_\_ JROTC LICENSE (Requires signature from TN Director of Schools)
- \_\_\_\_\_ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST
- \_\_\_\_\_ NATIONAL BOARD CERTIFICATION

### ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LEVEL LICENSE

ONLY APPLICABLE IF HELD A PREDECESSOR TENNESSEE LICENSE

- \_\_\_\_\_ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel) circle one
- \_\_\_\_\_ ADVANCEMENT FROM ALTERNATIVE "A" OR ALTERNATIVE "C" OR ALTERNATIVE "E" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
- \_\_\_\_\_ ADVANCEMENT FROM INTERIM "B" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
- \_\_\_\_\_ ADVANCEMENT FROM INTERIM "D" TO APPRENTICE LEVEL
- \_\_\_\_\_ ADVANCEMENT FROM ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one
- \_\_\_\_\_ ADVANCEMENT FROM TRANSITIONAL (Interim B, Apprentice or Professional) circle one
- \_\_\_\_\_ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE
- \_\_\_\_\_ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- \_\_\_\_\_ ADVANCEMENT TO PROFESSIONAL LEVEL ADMINISTRATOR LICENSE

### RENEWAL OF OR AMENDMENT TO AN EXISTING LICENSE

ONLY APPLICABLE IF AMENDING AN EXISTING TENNESSEE LICENSE

- \_\_\_\_\_ RENEWAL OF LICENSE (Check one)  
 \_\_\_\_\_ 5 Year License (Apprentice/Apprentice Special Group/Out of State) \_\_\_\_\_ JROTC \_\_\_\_\_ 10 Year License (Professional/Professional Special Group)  
 \_\_\_\_\_ Administrator License (Beginning/Professional) \_\_\_\_\_ 5 Year Apprentice Occupational License \_\_\_\_\_ 10 Year Professional Occupational License  
 \_\_\_\_\_ Alternative A (Speech Lang. only) \_\_\_\_\_ Interim B \_\_\_\_\_ Interim D \_\_\_\_\_ Transitional \_\_\_\_\_ National Board Certification
- \_\_\_\_\_ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)  
 \_\_\_\_\_ Masters Degree \_\_\_\_\_ Master's Degree +30 semester graduate hours \_\_\_\_\_ Education Specialist \_\_\_\_\_ Doctorate Degree
- \_\_\_\_\_ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) \_\_\_\_\_
- \_\_\_\_\_ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change) Social Security card n/a
- \_\_\_\_\_ ADDRESS CHANGE NOTIFICATION

APPLICANT NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT**

☐ APPLICATION FOR INITIAL OCCUPATIONAL EDUCATION LICENSE  
☐ QUALIFICATION SHEET-**both sides**  
☐ FULL-TIME EMPLOYMENT VERIFICATION  
☐ EDUCATION VERIFICATION  
☐ ☐ College Transcript ☐ High School Transcript ☐ GED Scores  
☐ INDUSTRY CERTIFICATION  
☐ ☐ Trade & Indu ☐ Cosmetology and/or Barbering ☐ Registered Nurse or Allied Health

507 COLLISION REPAIR TECHNOLOGY	576 RADIO/TV BROADCASTING
508 AUTOMOTIVE TECHNOLOGY	577 HEALTH SCIENCE/OCCUPATIONS
512 AIRCRAFT MAINTENANCE	581 DIESEL EQUIP TECHNOLOGY
522 CARPENTRY	584 WELDING AND CUTTING
523 ELECTRICITY	590 LEGAL & PROTECTIVE SERVICES
524 CONCRETE/MASONRY	591 JOBS FOR TN GRADS
527 PLUMBING	594 AVIATION GROUND SCHOOL
531 DRAFTING/CAD	595 TECHNOLOGY INFRASTRUCTURE
543 GRAPHIC COMMUNICATIONS	596 MANUFACTURING TECHNOLOGY
561 COSMETOLOGY	597 ELECTRONIC MEDIA
562 CULINARY ARTS	598 HVACR
568 LEISURE CRAFT TECH	

☐ INDUSTRY CERTIFICATION (required for all additional endorsement areas)  
☐ Trade & Indu ☐ Cosmetology and/or Barbering ☐ Registered Nurse or Allied Health  
☐ FULL-TIME EMPLOYMENT VERIFICATION  
☐ EDUCATION VERIFICATION  
☐ College Transcript ☐ High School Transcript ☐ GED Scores

___ 507 COLLISION REPAIR TECHNOLOGY	___ 576 RADIO/TV BROADCASTING
___ 508 AUTOMOTIVE TECHNOLOGY	___ 577 HEALTH SCIENCE/OCCUPATIONS
___ 512 AIRCRAFT MAINTENANCE	___ 581 DIESEL EQUIP TECHNOLOGY
___ 522 CARPENTRY	___ 584 WELDING AND CUTTING
___ 523 ELECTRICITY	___ 590 LEGAL & PROTECTIVE SERVICES
___ 524 CONCRETE/MASONRY	___ 591 JOBS FOR TN GRADS
___ 527 PLUMBING	___ 594 AVIATION GROUND SCHOOL
___ 531 DRAFTING/CAD	___ 595 TECHNOLOGY INFRASTRUCTURE
___ 543 GRAPHIC COMMUNICATIONS	___ 596 MANUFACTURING TECHNOLOGY
___ 561 COSMETOLOGY	___ 597 ELECTRONIC MEDIA
___ 562 CULINARY ARTS	___ 598 HVACR
___ 568 LEISURE CRAFT TECH	

## VERIFICATION OF OCCUPATIONAL EXPERIENCE

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

### TO BE COMPLETED BY EMPLOYER

Use this section to report occupational work experience. The information should indicate the place of work, the type of work, and the dates of work, including the hours per week. The statement must be signed by the employer and notarized. Each employer must verify own experience. In lieu of this form, the applicant may submit a signed statement on company letterhead.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### TO BE COMPLETED BY NOTARY

State of \_\_\_\_\_, County, \_\_\_\_\_  
(employer)

personally appeared before me, \_\_\_\_\_, a Notary Public in and for said County.  
(name of notary)

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Place Notary Seal Below

\_\_\_\_\_  
Notary Signature